FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000056595 (8)

1. Corporation Name

VAHAJO, INC.

Principal Place of Business

% MARC A.B. SILVERMAN, ESQ.
P.O. BOX 6801
CLEARWATER FL 34618

Mailing Address

% MARC A.B. SILVERMAN, ESQ.
P.O. BOX 6801
CLEARWATER FL 34618

3. Date Incorporated or Qualified: 07/20/1995

3a. Date of Last Report:

2. Principal Place of Business
21 761 So. Pinellas Avenue
Suite, Apt #, etc.
22
City & State
23 Tarpon Springs FL
Zip 24 34689 Country 25 USA

2a. Mailing Address
26 761 So. Pinellas Avenue
Suite, Apt #, etc.
27
City & State
28 Tarpon Springs, FL
Zip 29 34689 Country 30 USA

4. FEI Number: 59-3340355 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HARVEY, MICHAEL
761 SO. PINELLAS AVE.
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HARVEY, MICHAEL	
STREET ADDRESS	% P.O. BOX 6801	
CITY-ST-ZIP	CLEARWATER FL 34618	
TITLE	SD	☑ DELETE
NAME	LULIAS, JOHN	
STREET ADDRESS	% P.O. BOX 6801	
CITY-ST-ZIP	CLEARWATER FL 34618	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME	Harvey, Michael	
1.3 STREET ADDRESS	761 So. Pinellas Avenue	
1.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael Harvey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5-13-96
Daytime Phone #: 1-813-9442000

CR2E034 (12/95)